

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	G.W.	249 67094	6/13/99
O.I.P.E. CLASSIFIER		25	06-17-99
FORMALITY REVIEW	EVB	66793	06/23/99

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral)..... Canceled
 ÷ Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
Final Original	9/00 3/01 9/01 12/01 5/02
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here